

Kansas Notifiable Disease Form for Laboratory Reporting

Today's Date: ____/____/____

Laboratory Name: _____
 Contact Person: _____

Address: _____
 Contact Phone: _____

Patient Name:	
Last	First
____/____/____	
Date of Birth:	Age: ____ Sex: ____
Street Address:	
City:	ST: ____ Zip Code: ____
Patient Phone:	
Ethnicity:	Hispanic or Latino Not Hispanic or Latino Unknown
Race:	American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Unk (Circle all that apply)
Disease Name:	
Date of Test:	
Test Performed:	
Test Results:	
Ordering Physician/Facility:	
Physician Phone:	
Physician Street Address:	
City, State, Zip:	

Patient Name:	
Last	First
____/____/____	
Date of Birth:	Age: ____ Sex: ____
Street Address:	
City:	ST: ____ Zip Code: ____
Patient Phone:	
Ethnicity:	Hispanic or Latino Not Hispanic or Latino Unknown
Race:	American Indian/Alaska Native Asian Black/African American Native Native Hawaiian/Other Pacific Islander White Unk (Circle all that apply)
Disease Name:	
Date of Test:	
Test Performed:	
Test Results:	
Ordering Physician/Facility:	
Physician Phone:	
Physician Street Address:	
City, State, Zip:	

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Disease Name:	
Date of Test:	
Test Performed:	
Test Results:	
Ordering Physician/Facility:	
Physician Phone:	
Physician Street Address:	
City, State, Zip:	

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Disease Name:	
Date of Test:	
Test Performed:	
Test Results:	
Ordering Physician/Facility:	
Physician Phone:	
Physician Street Address:	
City, State, Zip:	

Mail Reports to your local health department or to: BEDP - Epidemiologic Services Section, 1000 SW Jackson, Suite 210,
 Topeka, KS 66612-1274. Reports can also be **faxed toll free** to: 1-877-427-7318.